

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TENNESSEE

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Rollin

First name

George

Middle name

McGowan

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Lori

First name

Suzanne

Middle name

McGowan

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

**Lori Suzanne Underwood
Lori Suzanne Fendley**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4041

xxx-xx-6184

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live**8711 Carriage House Way
Knoxville, TN 37923**

Number, Street, City, State & ZIP Code

Knox

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____	Relationship to you _____
District _____	Case number, if known _____
Debtor _____	Relationship to you _____
District _____	Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Rollin George McGowan**Rollin George McGowan**

Signature of Debtor 1

/s/ Lori Suzanne McGowan**Lori Suzanne McGowan**

Signature of Debtor 2

Executed on 11/20/2019
MM / DD / YYYYExecuted on 11/20/2019
MM / DD / YYYY

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

**For your attorney, if you are
represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Richard M. Mayer /s/ John P. Newton

Signature of Attorney for Debtor

Date

11/20/2019

MM / DD / YYYY

Richard M. Mayer / John P. Newton

Printed name

Law Offices of Mayer & Newton

Firm name

1111 Northshore Drive S-570

Knoxville, TN 37919

Number, Street, City, State & ZIP Code

Contact phone **(865) 588-5111**

Email address

**mayerandnewton@mayerandnewton.
com**

5534 / 10817 TN

Bar number & State

Certificate Number: 03621-TNE-CC-033728844



03621-TNE-CC-033728844

CERTIFICATE OF COUNSELING

I CERTIFY that on November 20, 2019, at 8:27 o'clock PM EST, Lori S McGowan received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: November 20, 2019 By: /s/Bill Sheehan

Name: Bill Sheehan

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Certificate Number: 03621-TNE-CC-033728825



03621-TNE-CC-033728825

CERTIFICATE OF COUNSELING

I CERTIFY that on November 20, 2019, at 8:27 o'clock PM EST, Rollin G McGowan received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: November 20, 2019 By: /s/Bill Sheehan

Name: Bill Sheehan

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

415 Avery Way, #11309
Knoxville, TN 37919

Dates Debtor 1
lived there

From-To:
2015-2018

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2
lived there

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$57,063.54	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
---	--	-------------	--	--------

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48,475.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,949.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
---	---	---	---

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Knoxville TVA Employees Credit Union 301 Wall Avenue P.O. Box 15994 Knoxville, TN 37901	Regular on-going monthly payments in the amount of \$243.00 per mo.	\$0.00	\$12,000.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other __

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Family Physicians West vs Rollin McGowan #115150H	Civil Action	Knox Co. General Sessions Court Civil Division P.O. Box 379 Knoxville, TN 37901	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment 10/3/2018

LVNV Funding/Credit One Bank vs Lori Fendley #13955K	Civil Action	Knox Co. General Sessions Court Civil Division P.O. Box 379 Knoxville, TN 37901	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment 8/12/2019
---	---------------------	--	--

SE Emergency Physicians vs Rollin McGowan #6181K	Civil Action	Knox Co. General Sessions Court Civil Division P.O. Box 379 Knoxville, TN 37901	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment 7/2019
---	---------------------	--	---

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known)

Creditor Name and Address	Describe the Property	Date	Value of the property
SE Emergency Physicians P O Box 740023 Cincinnati, OH 45274-0023	Explain what happened Garnishment on debtor's payroll check through Knox Co. Gen. Sess./Dkt. #6181K	7/2019	Unknown
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Offices of Mayer & Newton 1111 Northshore Drive S-570 Knoxville, TN 37919 mayerandnewton@mayerandnewton.com	Attorney Fees	11/20/2019	\$1,162.00
Credit Card Management Services, Inc. dba DebtHelper P.O. Box 220597 West Palm Beach, FL 33422	Pre Credit Counseling Fee	11/20/2019	\$24.00
Credit Card Management Services, Inc. dba DebtHelper P.O. Box 220597 West Palm Beach, FL 33422	Pre Discharge Education Fee	11/20/2019	\$14.00
CIN Legal Data Services 4540 Honeywell Court Dayton, OH 45424	Suite Solutions	11/20/2019	\$66.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known) _____

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Pinnacle Bank 1111 Northshore Drive, #130 Knoxville, TN 37919	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	2019	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Rollin George McGowan**Debtor 2 **Lori Suzanne McGowan**Case number (*if known*) _____**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Rollin George McGowan**

Rollin George McGowan

Signature of Debtor 1

/s/ **Lori Suzanne McGowan**

Lori Suzanne McGowan

Signature of Debtor 2

Date 11/20/2019

Date 11/20/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>				
Case number (if known) _____				

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 24,649.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 24,649.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 12,927.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 12,927.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 700.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 700.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 210,584.61
		Your total liabilities \$ 224,211.61

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,293.00
	Copy your combined monthly income from line 12 of Schedule I.....	\$ 4,293.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,286.00
	Copy your monthly expenses from line 22c of Schedule J.....	\$ 4,286.00

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,878.00

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>700.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>128,803.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>129,503.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1 Make: **Lexus**
 Model: **250 IS**
 Year: **2008**
 Approximate mileage: **120,000**
 Other information:
VIN#-JTHBK262585077192

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$10,000.00 \$10,000.00

3.2 Make: **GMC**
 Model: **Yukon**
 Year: **2005**
 Approximate mileage: **190,000**
 Other information:
VIN#-1GKEK13T45J201823

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$100.00 \$100.00

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$10,100.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?
Do not deduct secured claims or exemptions.****6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

LR Suit, DR Suit, Washer/Dryer, Refrigerator, Vac. Cleaner, BR Suit, Kitchen Table, Kitchen Utensils

\$3,420.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

4 TVs, Computer, Cell Phone, Camera

\$1,404.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Clothing

\$800.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan

Case number (if known) _____

Watch, Costume Jewelry, Rings**\$500.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

Dog**\$150.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$6,274.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. Checking	Navy Fed. CU	\$2,455.00
17.2. Checking	Pinnacle Bank **JOINT WITH CHILD**	\$10.00
17.3. Savings	Navy Fed. CU	\$400.00
17.4. Prepaid Card	Navy Fed. CU	\$400.00
17.5. Checking	Knox Teachers Federal Credit Union	\$5.00
17.6. Savings	Knox Teachers Federal Credit Union	\$5.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

Pension	<u>City of Knoxville</u>	Unknown
Retirement	Prudential	\$5,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Estimated 2019 refund (likely offset due to liability)

Federal

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$8,275.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$10,100.00	
57. Part 3: Total personal and household items, line 15	\$6,274.00	
58. Part 4: Total financial assets, line 36	\$8,275.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$24,649.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$24,649.00

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Lori Suzanne McGowan		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
LR Suit, DR Suit, Washer/Dryer, Refrigerator, Vac. Cleaner, BR Suit, Kitchen Table, Kitchen Utensils Line from <i>Schedule A/B</i> : 6.1	\$3,420.00	<input checked="" type="checkbox"/> \$3,420.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
4 TVs, Computer, Cell Phone, Camera Line from <i>Schedule A/B</i> : 7.1	\$1,404.00	<input checked="" type="checkbox"/> \$1,404.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Clothing Line from <i>Schedule A/B</i> : 11.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
Watch, Costume Jewelry, Rings Line from <i>Schedule A/B</i> : 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
Dog Line from <i>Schedule A/B</i> : 13.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

Debtor 1
Debtor 2**Rollin George McGowan**
Lori Suzanne McGowan

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i> .	<i>Check only one box for each exemption.</i>	
Checking: Navy Fed. CU Line from <i>Schedule A/B: 17.1</i>	\$2,455.00	<input checked="" type="checkbox"/> \$2,455.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Checking: Pinnacle Bank **JOINT WITH CHILD** Line from <i>Schedule A/B: 17.2</i>	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Savings: Navy Fed. CU Line from <i>Schedule A/B: 17.3</i>	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Prepaid Card: Navy Fed. CU Line from <i>Schedule A/B: 17.4</i>	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Checking: Knox Teachers Federal Credit Union Line from <i>Schedule A/B: 17.5</i>	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Savings: Knox Teachers Federal Credit Union Line from <i>Schedule A/B: 17.6</i>	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Pension: City of Knoxville Line from <i>Schedule A/B: 21.1</i>	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-105(a)
Retirement: Prudential Line from <i>Schedule A/B: 21.2</i>	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-111(1)(D)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan	
	First Name	Middle Name
Debtor 2	Lori Suzanne McGowan	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE	
Case number (if known)		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	Covington Credit 4228 Asheville Highway Knoxville, TN 37914 Number, Street, City, State & Zip Code	LR Suit, DR Suit, Washer/Dryer, Refrigerator, Vac. Cleaner, BR Suit, Kitchen Table, Kitchen Utensils	\$927.00	\$0.00	\$927.00
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2016Last 4 digits of account number 3485

Debtor 1	Rollin George McGowan	Case number (if known)
First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan	
First Name	Middle Name	Last Name

2.2	Knoxville TVA Employees Credit Union	Describe the property that secures the claim:	\$12,000.00	\$10,000.00	\$2,000.00
	Creditor's Name	2008 Lexus 250 IS 120,000 miles VIN#-JTHBK262585077192			
	301 Wall Avenue P.O. Box 15994 Knoxville, TN 37901	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply.			
		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			

Date debt was incurred Unknown Last 4 digits of account number 5901

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$12,927.00
	\$12,927.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Glenn W. Siler Registered Agent for: Knoxville TVA Employees Credit Union 301 Wall Street Knoxville, TN 37901	On which line in Part 1 did you enter the creditor? <u>2.2</u>
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number	\$700.00	\$700.00
		When was the debt incurred?	2018	
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
			Taxes Owing	

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.1	American Anesthesiology Nonpriority Creditor's Name PO Box 535590 Atlanta, GA 30353-5590 Number Street City State Zip Code	Last 4 digits of account number 2670	\$184.00
	Who incurred the debt? Check one.	When was the debt incurred? 2018	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Expenses	
4.2	AT & T Services, Inc./U-Verse Nonpriority Creditor's Name Attn: Karen A. Cavagnaro Lead Paralegal One AT&T Way, Room 3A 231 Bedminster, NJ 07921 Number Street City State Zip Code	Last 4 digits of account number 0508	\$1,558.00
	Who incurred the debt? Check one.	When was the debt incurred? 2018	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Open Account	
4.3	AT & T Services, Inc./U-Verse Nonpriority Creditor's Name Attn: Karen A. Cavagnaro Lead Paralegal One AT&T Way, Room 3A 231 Bedminster, NJ 07921 Number Street City State Zip Code	Last 4 digits of account number 2975	\$340.00
	Who incurred the debt? Check one.	When was the debt incurred? 2019	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Open Account	

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.4	AT & T Sevices, Inc./ U-Verse Nonpriority Creditor's Name PO Box 3097 Bloomington, IL 61702 Number Street City State Zip Code	Last 4 digits of account number 7050	\$340.00
	Who incurred the debt? Check one.	When was the debt incurred? 07/01/2018	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Services	
4.5	AT&T/ Direct TV Nonpriority Creditor's Name PO Box 105261 Atlanta, GA 30348 Number Street City State Zip Code	Last 4 digits of account number 3263	\$734.72
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Services	
4.6	Ballad Health Nonpriority Creditor's Name Johnson City Medical Center PO Box 1817 Johnson City, TN 37605 Number Street City State Zip Code	Last 4 digits of account number 1234	\$280.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Expenses	

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.7	Baptist Eye Surgeons Nonpriority Creditor's Name 4528 Chapman Hwy. Knoxville, TN 37920 Number Street City State Zip Code	Last 4 digits of account number 7428 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Expenses	\$182.52
4.8	Brent R. Watson, Esq. Nonpriority Creditor's Name 800 S. Gay Street Suite 2001 Knoxville, TN 37929 Number Street City State Zip Code	Last 4 digits of account number Rollin McGowan When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Attorney	\$3,240.00
4.9	Bridgecrest Nonpriority Creditor's Name 7300 East Hampton Avenue Suite 100 Mesa, AZ 85209 Number Street City State Zip Code	Last 4 digits of account number 8401 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency Balance	\$8,015.00

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.1
0**Capital One Bank**

Nonpriority Creditor's Name

P.O. Box 30285**Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

9124**\$440.00**

When was the debt incurred?

2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.1
1**Capital Recovery Systems, Inc**

Nonpriority Creditor's Name

750 Cross Pointe Road**Suite S****Columbus, OH 43230-6693**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

3215**\$387.19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.1
2**CBC**

Nonpriority Creditor's Name

10368 Wallace Alley St S**P.O. Box 5067****Kingsport, TN 37663**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

5036**\$50.00**

When was the debt incurred?

2017

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.1 3	CMI Nonpriority Creditor's Name 4200 International Pkwy. Carrollton, TX 75007 Number Street City State Zip Code	Last 4 digits of account number _____	\$1,238.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Open Account</u></p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

4.1 4	Comcast Nonpriority Creditor's Name P.O. Box 742613 Cincinnati, OH 45274 Number Street City State Zip Code	Last 4 digits of account number _____	Unknown
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Services</u></p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

4.1 5	Credit One Bank Nonpriority Creditor's Name Bankruptcy Dept. P.O. Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number 5776	\$583.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Credit Card</u></p> <p><input type="checkbox"/> Yes</p>			
<p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.1
6**Direct TV**

Nonpriority Creditor's Name

**P.O. Box 9001069
Louisville, KY 40290-1069**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Services**

Last 4 digits of account number

6974**\$478.00**

When was the debt incurred?

05/01/2018

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Services**

4.1
7**ENT Consultants of East TN**

Nonpriority Creditor's Name

**P.O. Box 31547
Knoxville, TN 37930-1547**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses**

Last 4 digits of account number

8510**\$182.05**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.1
8**Family Physicians West**

Nonpriority Creditor's Name

**P.O. Box 440440
Nashville, TN 37244-0440**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses (#1171990154,
#1152580185, #1150281324)**

Last 4 digits of account number

0056**\$3,238.00**

When was the debt incurred?

2017-2018

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses (#1171990154,
#1152580185, #1150281324)**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.1
9**Family Physicians West**

Nonpriority Creditor's Name

c/o CBC, LLC**PO Box 5067****Kingsport, TN 37663**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses**

Last 4 digits of account number

0410**\$100.43****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Expenses**4.2
0**Family Physicians West**

Nonpriority Creditor's Name

P.O. Box 440440**Nashville, TN 37244-0440**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Judgment**

Last 4 digits of account number

150H**Unknown****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Judgment**4.2
1**Family Physicians West**

Nonpriority Creditor's Name

P.O. Box 440440**Nashville, TN 37244-0440**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses**

Last 4 digits of account number

9067**\$295.58****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Expenses**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

<p>4.2 2</p> <p>Fort Sanders Regional Medical Center Nonpriority Creditor's Name Knoxville Business Office Services, Bldg C 1420 Centerpoint Blvd. Knoxville, TN 37932-2000 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0480 \$346.72</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Expenses</p>
<hr/> <p>4.2 3</p> <p>Geico Insurance Nonpriority Creditor's Name attn: Region 3 Underwriting P.O. Box 9105 Macon, GA 31208 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 5684 \$324.89</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open Account</p>	
<hr/> <p>4.2 4</p> <p>Greystone Vista Nonpriority Creditor's Name c/o Professional Debt Mediation ATTN: Bkpt. Dept. 7948 Baymeadows Way, 2nd Floor Jacksonville, FL 32256 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 0002 \$3,395.00</p> <p>When was the debt incurred? 2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open Account</p>	

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.2
5**HH Gregg/SYNCB**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.
P.O. Box 965060
Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

1084**\$1,194.00**

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card4.2
6**Jefferson Capital Systems, LLC**

Nonpriority Creditor's Name

16 McLeland Dr.
Saint Cloud, MN 56303

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

6372**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Open Account4.2
7**Joann Lehberger**

Nonpriority Creditor's Name

3724 Kingston Pike
Suite 1012
Knoxville, TN 37922

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$4,900.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Attorney

■ Other. Specify Lori Suzanne Fendley

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.2
8

Kizer and Miller Dentistry Nonpriority Creditor's Name c/o Wakefield & Associates P.O. Box 50250 Knoxville, TN 37950	Last 4 digits of account number 0157	\$1,724.00
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Dental Expenses <input type="checkbox"/> Yes	

4.2
9

Knox Co. Circuit Court Nonpriority Creditor's Name City-County Building Dkt# 400 Main St. Knoxville, TN 37902	Last 4 digits of account number Lori S. Fendley	\$348.00
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Court fees <input type="checkbox"/> Yes	

4.3
0

Knoxville Gastrointestinal Specialists Nonpriority Creditor's Name 1819 Clinch Ave., Ste. 212 Knoxville, TN 37916-2436	Last 4 digits of account number 9363	\$236.07
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Expenses <input type="checkbox"/> Yes	

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.3
1**Knoxville GI Specialists, PC**

Nonpriority Creditor's Name

**1819 Clinch Avenue
Suite 212
Knoxville, TN 37916**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

7751**\$201.37****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.3
2**Knoxville Teachers Fed. Credit Union**

Nonpriority Creditor's Name

**711 N Hall Of Fame Drive
Knoxville, TN 37917**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0146**\$961.00****When was the debt incurred?** **2015****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Signature Loan**

4.3
3**KUB**

Nonpriority Creditor's Name

**P.O. Box 59017
Knoxville, TN 37950-9017**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

5637**\$2,844.00****When was the debt incurred?** **2017****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Services for the property located at 7424**Westridge Drive, Knoxville, TN 37909**

Debtor 1 **Rollin George McGowan**Debtor 2 **Lori Suzanne McGowan**

Case number (if known)

4.3
4**Laboratory Corporation of America**

Nonpriority Creditor's Name

PO Box 2240**Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

8287**\$75.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.3
5**Laboratory Corporation of America**

Nonpriority Creditor's Name

PO Box 2240**Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

4638**\$32.92**

When was the debt incurred?

03/2019

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.3
6**Laboratory Corporation of America**

Nonpriority Creditor's Name

PO Box 2240**Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

7216**\$42.89**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.3 7	LCUB Nonpriority Creditor's Name P.O. Box 449 Lenoir City, TN 37771-0449 Number Street City State Zip Code	Last 4 digits of account number 0256	\$587.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Services for the property located at <input checked="" type="checkbox"/> Other. Specify Panoramic Way, Knoxville, TN 37932			
4.3 8	LCUB Nonpriority Creditor's Name P.O. Box 449 Lenoir City, TN 37771-0449 Number Street City State Zip Code	Last 4 digits of account number 0398	\$579.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Other. Specify Open Account			
4.3 9	LVNV Funding Nonpriority Creditor's Name 200 Meeting St., Ste. #200 Greenville, SC 29601 Number Street City State Zip Code	Last 4 digits of account number 955K	\$583.12
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Other. Specify Judgment			

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.4
0**Monarch 815**

Nonpriority Creditor's Name

**1109 University Parkway
Johnson City, TN 37604**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Rent**

Last 4 digits of account number _____

UnknownWhen was the debt incurred? **06/01/2019**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Rent**4.4
1**Navient Solutions, Inc.**

Nonpriority Creditor's Name

**Dept. of Education Loan Services
P.O. Box 16408
Saint Paul, MN 55116-0408**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify _____

Last 4 digits of account number **1217****\$92,687.00**When was the debt incurred? **2008-2018**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Student Loans**4.4
2**Nelnet Loan Services, Inc.**

Nonpriority Creditor's Name

**P.O. Box 82561
Lincoln, NE 68501-2561**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify _____

Last 4 digits of account number **9387****\$13,116.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Student Loans (#558289287, #569153587,
#569153487)**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.4
3**OrthoTennessee**

Nonpriority Creditor's Name

**260 Ft. Sanders West Blvd.
Knoxville, TN 37922**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Other. Specify **Medical Expenses**
 Yes

Last 4 digits of account number **8762****\$77.96**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.4
4**Parkwest Surgery Center, LP**

Nonpriority Creditor's Name

**9430 Parkwest Blvd., Ste. 210
Knoxville, TN 37923-4204**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Other. Specify **Medical Expenses**
 Yes

Last 4 digits of account number _____

\$50.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

4.4
5**Pinnacle Financial Partners**

Nonpriority Creditor's Name

**Landmark Center
1111 N. Northshore Drive
Suite 130
Knoxville, TN 37919**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Other. Specify **Open Account**
 Yes

Last 4 digits of account number **3536****\$1,385.86**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.4 6	Progressive Insurance Company Nonpriority Creditor's Name P.O. Box 89490 Cleveland, OH 44101	Last 4 digits of account number 3380	\$219.45
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Open Account <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<hr/>			
4.4 7	Progressive Leasing Nonpriority Creditor's Name 5651 W. Talavi Blvd Glendale, AZ 85306	Last 4 digits of account number 3340	\$348.99
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Rent <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<hr/>			
4.4 8	Progressive Leasing Nonpriority Creditor's Name 5651 W. Talavi Blvd Glendale, AZ 85306	Last 4 digits of account number 7717	\$565.05
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify rent <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.4
9**QVC**

Nonpriority Creditor's Name

**1200 Wilson Drive
West Chester, PA 19380**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Open Account

Last 4 digits of account number

2363**\$39.60**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Open Account

4.5
0**RG Dermatology**

Nonpriority Creditor's Name

6311 Kingston Pike**#22E
Knoxville, TN 37919**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Medical Expenses

Last 4 digits of account number

4784**\$73.06**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No Other. Specify Medical Expenses

4.5
1**Rush's Musical**

Nonpriority Creditor's Name

**2107 Chapman Hwy.
Knoxville, TN 37920**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Open Account

Last 4 digits of account number

5286**\$612.00**When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No Other. Specify Open Account

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.5
2

Sallie Mae Nonpriority Creditor's Name	Last 4 digits of account number	\$23,000.00
Department of Education Loan Services PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code	When was the debt incurred?	Unknown
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Student Loans		

4.5
3

SE Emergency Physicians Nonpriority Creditor's Name P O Box 740023 Cincinnati, OH 45274-0023 Number Street City State Zip Code	Last 4 digits of account number	181K	Unknown
Who incurred the debt? Check one.	When was the debt incurred?	2018	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment			

4.5
4

South College Nonpriority Creditor's Name 3904 Lonas Drive Knoxville, TN 37909 Number Street City State Zip Code	Last 4 digits of account number	6357	\$1,770.00
Who incurred the debt? Check one.	When was the debt incurred?		
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan			

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.5
5

Speedy Cash	Last 4 digits of account number	1210	\$1,683.00
Nonpriority Creditor's Name P.O. Box 780408 Wichita, KS 67278-0408	When was the debt incurred?	2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Signature Loan <input type="checkbox"/> Yes		

4.5
6

Speedy Cash	Last 4 digits of account number	8927	Unknown
Nonpriority Creditor's Name P.O. Box 780408 Wichita, KS 67278-0408	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Personal Loan <input type="checkbox"/> Yes		

4.5
7

Sprint Corp	Last 4 digits of account number	6518	Unknown
Nonpriority Creditor's Name P.O. Box 4191 Carol Stream, IL 60197	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.5 8	Sprint Corp Nonpriority Creditor's Name P.O. Box 4191 Carol Stream, IL 60197 Number Street City State Zip Code	Last 4 digits of account number 2880	\$1,325.32
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services			
Summit Medical Group, PLLC Nonpriority Creditor's Name 1275 Dick Lonas Road NW, Ste. 101 Knoxville, TN 37909-1383 Number Street City State Zip Code			
Last 4 digits of account number 3312 \$30.22			
When was the debt incurred? 10/2019			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Expenses			
Sunrise Acceptance, Inc. Nonpriority Creditor's Name 1800 Mt. Vernon Drive NW Cleveland, TN 37311 Number Street City State Zip Code			
Last 4 digits of account number 9554 \$8,721.00			
When was the debt incurred? 08/01/2011			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Repossessed vehicle			

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.6
1**T-Mobile**

Nonpriority Creditor's Name

Customer Relations
PO Box 37380
Albuquerque, NM 87176-7380

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$1,500.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Open Account** _____

4.6
2**Tennessee Urology Associates**

Nonpriority Creditor's Name

9245 Park West Boulevard
Knoxville, TN 37923

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **0685** _____

\$300.00

When was the debt incurred? **2016** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses** _____

4.6
3**Tennova Physicians Services**

Nonpriority Creditor's Name

c/o Wakefield & Associates, Inc.
P.O. Box 5020
Knoxville, TN 37950-0250

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$197.92

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses** _____

**Debtor 1 Rollin George McGowan
Debtor 2 Lori Suzanne McGowan**

Case number (if known)

<p>The Preserve at Hardin Valley</p> <p>Nonpriority Creditor's Name c/o F.A.S.T. P.O. Box 11567 Knoxville, TN 37919</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4016</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Open Account</p>
--	---

<p>The Reserve at Westland</p> <p>Nonpriority Creditor's Name 8700 Hopemont Way Knoxville, TN 37923</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 944H</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Judgment <input checked="" type="checkbox"/> Other. Specify Rent</p>
--	---

<p>TJ Fowler, DDS</p> <p>Nonpriority Creditor's Name 120 Capital Drive #102 Knoxville, TN 37922</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$171.33</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Expenses</p>
--	---

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.6
7**U.S. Cellular**

Nonpriority Creditor's Name

**P.O. Box 530724
Atlanta, GA 30353-0724**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Other. Specify Open Account
 Yes

Last 4 digits of account number

2422**\$203.00**

When was the debt incurred?

2019

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Open Account

4.6
8**Union College**

Nonpriority Creditor's Name

**P.O. Box 3176
Winston Salem, NC 27102**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6357**\$1,931.00**

When was the debt incurred?

2018

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Money Owed

4.6
9**United Auto Credit**

Nonpriority Creditor's Name

**James Vagim, President & CEO
1071 Camelback St #100
Newport Beach, CA 92660-3046**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3003**\$8,665.00**

When was the debt incurred?

11/01/2007

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify reposessed vehicle

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.7
0**University Anesthesiologists**

Nonpriority Creditor's Name

**P.O. Box 51947
Knoxville, TN 37950**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

No Other. Specify **Medical Expenses**
 Yes

Last 4 digits of account number **2513****\$76.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.7
1**University Cardiology**

Nonpriority Creditor's Name

**1940 Alcoa Highway, Suite E-310
Knoxville, TN 37920**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **2902****\$127.42**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.7
2**Uplift Financial**

Nonpriority Creditor's Name

**1770 Massachusetts Avenue
#138
Cambridge, MA 02140**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0487****\$855.00**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.7
3**Urgent Care of Erwin**

Nonpriority Creditor's Name

**800 S. Mowhawk Drive
Erwin, TN 37650**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses**

Last 4 digits of account number

4824**\$66.02****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.7
4**UT Medical Center**

Nonpriority Creditor's Name

**P.O. Box 51388
Knoxville, TN 37950**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Medical Expenses**

Last 4 digits of account number

5700**\$707.65****When was the debt incurred?** **2019****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Expenses**

4.7
5**Verizon Wireless**

Nonpriority Creditor's Name

**P.O. Box 650051
Dallas, TX 75265**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Open Account**

Last 4 digits of account number

0001**\$3,106.00****When was the debt incurred?** **2016****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Open Account**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.7
6**Vista Radiology**

Nonpriority Creditor's Name

**Patient Financial Services
P.O. Box 50668
Knoxville, TN 37950-0668**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6264**\$23.00**

When was the debt incurred?

10/01/2016**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Expenses4.7
7**Wakefield & Associates**

Nonpriority Creditor's Name

**7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

8562**\$741.00**

When was the debt incurred?

2018**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Expenses4.7
8**Webbank / Fingerghut**

Nonpriority Creditor's Name

**6250 Ridgewood Road
Saint Cloud, MN 56303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6992**\$500.00**

When was the debt incurred?

10/01/2014**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Open Account

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

4.7 9	Wellmont Health System Nonpriority Creditor's Name c/o MCOT INC. 2004 American Way Suite 101 Kingsport, TN 37660 <small>Number Street City State Zip Code</small>	<small>Last 4 digits of account number</small> 1664 <small>When was the debt incurred?</small> _____	\$115.08
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Medical Expenses _____			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Account Resolution Team, Inc.
P.O. Box 1503
Morristown, TN 37816-1503

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.74** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Ad Astra Recovery Services, Inc.
7330 W. 33rd Street North, Ste. 118
Wichita, KS 67205

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.55** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Ad Astra Recovery Services, Inc.
7330 W. 33rd Street North, Ste. 118
Wichita, KS 67205

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.56** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Afni, Inc.
P.O. Box 3097
Bloomington, IL 61702-3517

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.4** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Afni, Inc.
1310 Martin Luther King Dr.
P.O. Box 3517
Bloomington, IL 61702-3517

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.16** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Bridgecrest Credit Company, LLC
Attn: Bankruptcy Dept.
P.O. Box 29018
Phoenix, AZ 85038

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.9** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Capital One Bank

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.10** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

**P.O. Box 71083
 Charlotte, NC 28272-1083**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**CBC
 10368 Wallace Alley St S
 P.O. Box 5067
 Kingsport, TN 37663**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**CCS Collections
 725 Canton Street
 Newton, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**CCS Collections
 725 Canton Street
 Newton, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Credit One Bank
 P.O Box 60500
 City Of Industry, CA 91716-0500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**GC Services Limited Partnership
 6330 Gulfton, Ste. 400
 Houston, TX 77081**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

3007

Name and Address
**HCFS Healthcare Financial
 Services, LLC
 Alcoa Billing Center
 3429 Regal Drive
 Alcoa, TN 37701-3265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**HRRG
 P.O. Box 5406
 Cincinnati, OH 45273**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**I.C. System, Inc.
 P.O. Box 64378
 Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**I.C. System, Inc.
 P.O. Box 64378
 Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**I.C. System, Inc.
 P.O. Box 64378
 Saint Paul, MN 55164-0378**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Joseph M. Jammal, Esq.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Stenger & Stenger, et al
2618 East Paris
Grand Rapids, MI 49546

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kenny L. Saffles, Esq.
Howard H. Baker Jr. US Courthouse
800 Market Street, #211
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kenny L. Saffles, Esq.
Howard H. Baker Jr. US Courthouse
800 Market Street, #211
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kenny L. Saffles, Esq.
Howard H. Baker Jr. US Courthouse
800 Market Street, #211
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kenny L. Saffles, Esq.
Howard H. Baker Jr. US Courthouse
800 Market Street, #211
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Knox Co. General Sessions Court
Civil Division Dkt. #115150H
P.O. Box 379
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Knox Co. General Sessions Court
Civil Division Dkt. #13955K
P.O. Box 379
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Knox Co. General Sessions Court
Civil Division Dkt. #6181K
P.O. Box 379
Knoxville, TN 37901

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LCA Collections
P.O. Box 2240
Burlington, NC 27216-2240

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LVNV Funding - Resurgent Capital
Service
P. O. Box 10587
Greenville, SC 29603-0587

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Mason Edmonds, Esq.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

**105 E. Main Street
 Jonesborough, TN 37659**

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

150H

Name and Address
Mason Edwards, Eq.

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midland Funding, LLC
2365 Northside Drive, Ste. 300
San Diego, CA 92108

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
MRS BPO LLC
1930 Olney Avenue
Cherry Hill, NJ 08003

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.67** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit, Inc.
P.O. Box 14581
Des Moines, IA 50306

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NPRTO South-East, LLC
256 West Data Drive
Draper, UT 84020

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.47** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
NPRTO South-East, LLC
256 West Data Drive
Draper, UT 84020

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line **4.48** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Online Collections
P.O. Box 1489
Winterville, NC 28590

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Online Collections
P.O. Box 1489
Winterville, NC 28590

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Optima Recovery Services, LLC
6215 Kingston Pike, Ste. B
P.O. Box 52968
Knoxville, TN 37950-2968

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Optima Recovery Services, LLC
6215 Kingston Pike, Ste. B
P.O. Box 52968
Knoxville, TN 37950-2968

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.70** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Robinson, Reagan & Young PC
446 James Robertson Pkwy., Ste.

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

200
Nashville, TN 37219

Last 4 digits of account number

Name and Address
Stenger & Stenger, PC
2618 E. Paris Avenue SE
Grand Rapids, MI 49546

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

955K

Name and Address
Terry J. Canady, Atty.
223 Madison Street
Suite 205
Madison, TN 37115

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.65** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TN Dept of TSAC
c/o TN Attorney General's Office
Bankruptcy Division
P.O. Box 20207
Nashville, TN 37202-0207

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TN Dept of TSAC
c/o TN Attorney General's Office
Bankruptcy Division
P.O. Box 20207
Nashville, TN 37202-0207

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TN Dept of TSAC
c/o TN Attorney General's Office
Bankruptcy Division
P.O. Box 20207
Nashville, TN 37202-0207

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Transworld Systems, Inc.
500 Virginia Drive, Ste. 514
Fort Washington, PA 19034

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TSAC
c/o Tennessee Attorney General's
Office
Bkpt. Division
P.O. Box 20207
Nashville, TN 37202-0207

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TSAC
c/o Tennessee Attorney General's
Office
Bkpt. Division
P.O. Box 20207
Nashville, TN 37202-0207

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
TSAC
c/o Tennessee Attorney General's

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one): Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Office
Bkpt. Division
P.O. Box 20207
Nashville, TN 37202-0207

 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
University Accounting Services
PO Box 918
Brookfield, WI 53008-0918

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Dept. of Education
National Payment Center
P.O. Box 105081
Atlanta, GA 30348-5081

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Dept. of Education
National Payment Center
P.O. Box 105081
Atlanta, GA 30348-5081

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Dept. of Education
National Payment Center
P.O. Box 105081
Atlanta, GA 30348-5081

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.62** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.76** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950Line **4.44** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.66** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.63** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
William F. McCormick, Sr. Cnsl
Office of the Attorney General
Bankruptcy Unit
426 5th Avenue, 2nd Floor
Nashville, TN 37243-0489

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
William F. McCormick, Sr. Cnsl
Office of the Attorney General
Bankruptcy Unit
426 5th Avenue, 2nd Floor
Nashville, TN 37243-0489

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
William F. McCormick, Sr. Cnsl
Office of the Attorney General
Bankruptcy Unit
426 5th Avenue, 2nd Floor
Nashville, TN 37243-0489

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 700.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 700.00
Total claims from Part 2	6f. Student loans	6f. \$ 128,803.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 81,781.61

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **210,584.61**

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 KUB P.O. Box 59017 Knoxville, TN 37950-9017	Utilities
2.2 LCUB P.O. Box 449 Lenoir City, TN 37771-0449	Utilities
2.3 The Preserve c/o F.A.S.T. P.O. Box 11567 Knoxville, TN 37919	housing
2.4 U.S. Cellular P.O. Box 530724 Atlanta, GA 30353	cell phone

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan First Name _____ Middle Name _____ Last Name _____		
Debtor 2 (Spouse if, filing)	Lori Suzanne McGowan First Name _____ Middle Name _____ Last Name _____		
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____

Number _____ Street _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan
Debtor 2 (Spouse, if filing)	Lori Suzanne McGowan
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Police Officer

Employer's name

Knoxville Police Dept.

Employer's address

**800 Howard Baker Jr. Blvd.
Knoxville, TN 37917**

How long employed there?

15 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **5,608.00** \$ **0.00**

3. Estimate and list monthly overtime pay.

3. +\$ **0.00** +\$ **0.00**

4. Calculate gross income. Add line 2 + line 3.

4. \$ **5,608.00** \$ **0.00**

Debtor 1 **Rollin George McGowan**
Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ 5,608.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 729.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 283.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 728.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 55.00	\$ 0.00
5h. Other deductions. Specify: FSA Knox Public Safety Foundation	5h.+ \$ 27.00	+ \$ 0.00
	\$ 9.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		
6. _____	\$ 1,831.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		
7. _____	\$ 3,777.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 516.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		
9. _____	\$ 0.00	\$ 516.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
10. _____	\$ 3,777.00	+ \$ 516.00 = \$ 4,293.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
11. _____	+\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
12. _____	\$ 4,293.00	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: **Wife is looking for employment at this time**		

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan
Debtor 2	Lori Suzanne McGowan
(Spouse, if filing)	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son

17

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

20

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,600.00**

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Rollin George McGowan**
 Debtor 2 **Lori Suzanne McGowan**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 220.00
	6b. Water, sewer, garbage collection	6b. \$ 100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 500.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 400.00	
8. Childcare and children's education costs	8. \$ 320.00	
9. Clothing, laundry, and dry cleaning	9. \$ 75.00	
10. Personal care products and services	10. \$ 25.00	
11. Medical and dental expenses	11. \$ 215.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 200.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 20.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 268.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 243.00	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: _____	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: Pet Expenses	21. +\$ 50.00	
Work Lunches	+\$ 50.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 4,286.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 4,286.00	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 4,286.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 4,293.00	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 4,286.00	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 7.00	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Rollin George McGowan		
	First Name	Middle Name	Last Name
Debtor 2	Lori Suzanne McGowan		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Rollin George McGowan

Rollin George McGowan

Signature of Debtor 1

Date 11/20/2019

X /s/ Lori Suzanne McGowan

Lori Suzanne McGowan

Signature of Debtor 2

Date 11/20/2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+ <u>\$15</u>	<u>trustee surcharge</u>
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **Rollin George McGowan
Lori Suzanne McGowan**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **11/20/2019**

/s/ Rollin George McGowan
Rollin George McGowan
Signature of Debtor

Date: **11/20/2019**

/s/ Lori Suzanne McGowan
Lori Suzanne McGowan
Signature of Debtor

Date: **11/20/2019**

/s/ Richard M. Mayer /s/ John P. Newton
Signature of Attorney
Richard M. Mayer / John P. Newton
Law Offices of Mayer & Newton
1111 Northshore Drive S-570
Knoxville, TN 37919
(865) 588-5111 Fax: (865) 588-6143

Account Resolution Team, Inc.
P.O. Box 1503
Morristown, TN 37816-1503

Ad Astra Recovery Services, Inc.
7330 W. 33rd Street North, Ste. 118
Wichita, KS 67205

Afni, Inc.
P.O. Box 3097
Bloomington, IL 61702-3517

Afni, Inc.
1310 Martin Luther King Dr.
P.O. Box 3517
Bloomington, IL 61702-3517

American Anesthesiology
PO Box 535590
Atlanta, GA 30353-5590

AT & T Services, Inc./U-Verse
Attn: Karen A. Cavagnaro Lead Paralegal
One AT&T Way, Room 3A 231
Bedminster, NJ 07921

AT & T Sevices, Inc./ U-Verse
PO Box 3097
Bloomington, IL 61702

AT&T/ Direct TV
PO Box 105261
Atlanta, GA 30348

Ballad Health
Johnson City Medical Center
PO Box 1817
Johnson City, TN 37605

Baptist Eye Surgeons
4528 Chapman Hwy.
Knoxville, TN 37920

Brent R. Watson, Esq.
800 S. Gay Street
Suite 2001
Knoxville, TN 37929

Bridgecrest
7300 East Hampton Avenue
Suite 100
Mesa, AZ 85209

Bridgecrest Credit Company, LLC
Attn: Bankruptcy Dept.
P.O. Box 29018
Phoenix, AZ 85038

Capital One Bank
P.O. Box 30285
Salt Lake City, UT 84130-0285

Capital One Bank
P.O. Box 71083
Charlotte, NC 28272-1083

Capital Recovery Systems, Inc
750 Cross Pointe Road
Suite S
Columbus, OH 43230-6693

CBC
10368 Wallace Alley St S
P.O. Box 5067
Kingsport, TN 37663

CCS Collections
725 Canton Street
Newton, MA 02062

CMI
4200 International Pkwy.
Carrollton, TX 75007

Comcast
P.O. Box 742613
Cincinnati, OH 45274

Covington Credit
4228 Asheville Highway
Knoxville, TN 37914

Credit One Bank
Bankruptcy Dept.
P.O. Box 98873
Las Vegas, NV 89193

Credit One Bank
P.O. Box 60500
City Of Industry, CA 91716-0500

Direct TV
P.O. Box 9001069
Louisville, KY 40290-1069

ENT Consultants of East TN
P.O. Box 31547
Knoxville, TN 37930-1547

Family Physicians West
P.O. Box 440440
Nashville, TN 37244-0440

Family Physicians West
c/o CBC, LLC
PO Box 5067
Kingsport, TN 37663

Fort Sanders Regional Medical Center
Knoxville Business Office Services, BldgC
1420 Centerpoint Blvd.
Knoxville, TN 37932-2000

GC Services Limited Partnership
6330 Gulfton, Ste. 400
Houston, TX 77081

Geico Insurance
attn: Region 3 Underwriting
P.O. Box 9105
Macon, GA 31208

Glenn W. Siler
Registered Agent for:
Knoxville TVA Employees Credit Union
301 Wall Street
Knoxville, TN 37901

Greystone Vista
c/o Professional Debt Mediation
ATTN: Bkpt. Dept.
7948 Baymeadows Way, 2nd Floor
Jacksonville, FL 32256

HCFS Healthcare Financial Services, LLC
Alcoa Billing Center
3429 Regal Drive
Alcoa, TN 37701-3265

HH Gregg/SYNCB
Attn: Bankruptcy Dept.
P.O. Box 965060
Orlando, FL 32896

HRRG
P.O. Box 5406
Cincinnati, OH 45273

I.C. System, Inc.
P.O. Box 64378
Saint Paul, MN 55164-0378

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Jefferson Capital Systems, LLC
16 McLeland Dr.
Saint Cloud, MN 56303

Joann Lehberger
3724 Kingston Pike
Suite 1012
Knoxville, TN 37922

Joseph M. Jammal, Esq.
Stenger & Stenger, et al
2618 East Paris
Grand Rapids, MI 49546

Kenny L. Saffles, Esq.
Howard H. Baker Jr. US Courthouse
800 Market Street, #211
Knoxville, TN 37901

Kizer and Miller Dentistry
c/o Wakefield & Associates
P.O. Box 50250
Knoxville, TN 37950

Knox Co. Circuit Court
City-County Building Dkt#
400 Main St.
Knoxville, TN 37902

Knox Co. General Sessions Court
Civil Division Dkt. #115150H
P.O. Box 379
Knoxville, TN 37901

Knox Co. General Sessions Court
Civil Division Dkt. #13955K
P.O. Box 379
Knoxville, TN 37901

Knox Co. General Sessions Court
Civil Division Dkt. #6181K
P.O. Box 379
Knoxville, TN 37901

Knoxville Gastrointestinal Specialists
1819 Clinch Ave., Ste. 212
Knoxville, TN 37916-2436

Knoxville GI Specialists, PC
1819 Clinch Avenue
Suite 212
Knoxville, TN 37916

Knoxville Teachers Fed. Credit Union
711 N Hall Of Fame Drive
Knoxville, TN 37917

Knoxville TVA Employees Credit Union
301 Wall Avenue
P.O. Box 15994
Knoxville, TN 37901

KUB
P.O. Box 59017
Knoxville, TN 37950-9017

Laboratory Corporation of America
PO Box 2240
Burlington, NC 27216-2240

LCA Collections
P.O. Box 2240
Burlington, NC 27216-2240

LCUB
P.O. Box 449
Lenoir City, TN 37771-0449

LVNV Funding
200 Meeting St., Ste. #200
Greenville, SC 29601

LVNV Funding - Resurgent Capital Service
P. O. Box 10587
Greenville, SC 29603-0587

Mason Edmonds, Esq.
105 E. Main Street
Jonesborough, TN 37659

Mason Edwards, Eq.

Midland Funding, LLC
2365 Northside Drive, Ste. 300
San Diego, CA 92108

Monarch 815
1109 University Parkway
Johnson City, TN 37604

MRS BPO LLC
1930 Olney Avenue
Cherry Hill, NJ 08003

Nationwide Credit, Inc.
P.O. Box 14581
Des Moines, IA 50306

Navient Solutions, Inc.
Dept. of Education Loan Services
P.O. Box 16408
Saint Paul, MN 55116-0408

Nelnet Loan Services, Inc.
P.O. Box 82561
Lincoln, NE 68501-2561

NPRTO South-East, LLC
256 West Data Drive
Draper, UT 84020

Online Collections
P.O. Box 1489
Winterville, NC 28590

Optima Recovery Services, LLC
6215 Kingston Pike, Ste. B
P.O. Box 52968
Knoxville, TN 37950-2968

OrthoTennessee
260 Ft. Sanders West Blvd.
Knoxville, TN 37922

Parkwest Surgery Center, LP
9430 Parkwest Blvd., Ste. 210
Knoxville, TN 37923-4204

Pinnacle Financial Partners
Landmark Center
1111 N. Northshore Drive
Suite 130
Knoxville, TN 37919

Progressive Insurance Company
P.O. Box 89490
Cleveland, OH 44101

Progressive Leasing
5651 W. Talavi Blvd
Glendale, AZ 85306

QVC
1200 Wilson Drive
West Chester, PA 19380

RG Dermatology
6311 Kingston Pike
#22E
Knoxville, TN 37919

Robinson, Reagan & Young PC
446 James Robertson Pkwy., Ste. 200
Nashville, TN 37219

Rush's Musical
2107 Chapman Hwy.
Knoxville, TN 37920

Sallie Mae
Department of Education Loan Services
PO Box 9635
Wilkes Barre, PA 18773-9635

SE Emergency Physicians
P O Box 740023
Cincinnati, OH 45274-0023

South College
3904 Lonas Drive
Knoxville, TN 37909

Speedy Cash
P.O. Box 780408
Wichita, KS 67278-0408

Sprint Corp
P.O. Box 4191
Carol Stream, IL 60197

Stenger & Stenger, PC
2618 E. Paris Avenue SE
Grand Rapids, MI 49546

Summit Medical Group, PLLC
1275 Dick Lonas Road NW, Ste. 101
Knoxville, TN 37909-1383

Sunrise Acceptance, Inc.
1800 Mt. Vernon Drive NW
Cleveland, TN 37311

T-Mobile
Customer Relations
PO Box 37380
Albuquerque, NM 87176-7380

Tennessee Urology Associates
9245 Park West Boulevard
Knoxville, TN 37923

Tennova Physicians Services
c/o Wakefield & Associates, Inc.
P.O. Box 5020
Knoxville, TN 37950-0250

Terry J. Canady, Atty.
223 Madison Street
Suite 205
Madison, TN 37115

The Preserve
c/o F.A.S.T.
P.O. Box 11567
Knoxville, TN 37919

The Preserve at Hardin Valley
c/o F.A.S.T.
P.O. Box 11567
Knoxville, TN 37919

The Reserve at Westland
8700 Hopemont Way
Knoxville, TN 37923

TJ Fowler, DDS
120 Capital Drive
#102
Knoxville, TN 37922

TN Dept of TSAC
c/o TN Attorney General's Office
Bankruptcy Division
P.O. Box 20207
Nashville, TN 37202-0207

Transworld Systems, Inc.
500 Virginia Drive, Ste. 514
Fort Washington, PA 19034

TSAC
c/o Tennessee Attorney General's Office
Bkpt. Division
P.O. Box 20207
Nashville, TN 37202-0207

U.S. Cellular
P.O. Box 530724
Atlanta, GA 30353-0724

U.S. Cellular
P.O. Box 530724
Atlanta, GA 30353

Union College
P.O. Box 3176
Winston Salem, NC 27102

United Auto Credit
James Vagim, President & CEO
1071 Camelback St #100
Newport Beach, CA 92660-3046

University Accounting Services
PO Box 918
Brookfield, WI 53008-0918

University Anesthesiologists
P.O. Box 51947
Knoxville, TN 37950

University Cardiology
1940 Alcoa Highway, Suite E-310
Knoxville, TN 37920

Uplift Financial
1770 Massachusetts Avenue
#138
Cambridge, MA 02140

Urgent Care of Erwin
800 S. Mowhawk Drive
Erwin, TN 37650

US Dept. of Education
National Payment Center
P.O. Box 105081
Atlanta, GA 30348-5081

UT Medical Center
P.O. Box 51388
Knoxville, TN 37950

Verizon Wireless
P.O. Box 650051
Dallas, TX 75265

Vista Radiology
Patient Financial Services
P.O. Box 50668
Knoxville, TN 37950-0668

Wakefield & Associates
7005 Middlebrook Pike
P.O. Box 50250
Knoxville, TN 37950

Webbank / Fingerghut
6250 Ridgewood Road
Saint Cloud, MN 56303

Wellmont Health System
c/o MCOT INC.
2004 American Way
Suite 101
Kingsport, TN 37660

William F. McCormick, Sr. Cnsl
Office of the Attorney General
Bankruptcy Unit
426 5th Avenue, 2nd Floor
Nashville, TN 37243-0489